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**Delivering Delirium Awareness Training in Derbyshire Care Homes**

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East Midlands Research into Ageing Network (EMRAN) is a research collaboration across the East Midlands to facilitate collaborative applied clinical research into ageing and the care of older people. EMRAN was set up with support from NIHR CLAHRC East Midlands.

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## Introduction

Dementia and delirium are major causes of cognitive impairment in older people. While interest in dementia has soared in recent years, delirium has had relatively little attention. Delirium is a complex neuropsychiatric syndrome characterised by acute confusion, fluctuation in alertness, changes in affect and motor behaviour and there may be hallucinations. When complicating hospital admissions, it is associated with increased mortality, longer hospital stays and longer term cognitive and functional decline (1-3). Delirium and dementia are risk factors for each other (4): delirium increases the risk of developing dementia 10-12 fold (5) and delirium is 10 times more common in people with dementia.

More than 400,000 older people live in care homes (6) where the prevalence of delirium is estimated to be as high as one in seven residents (7), although there is no generally accepted consensus on the true prevalence. NICE guidelines recommend there needs to be greater evidence for interventions which prevent delirium and thus improve the wellbeing of care home residents and carers (8).

The Alzheimer's Society in Derbyshire believed that there was a low level of awareness of delirium and confidence in how to care for people with it in care homes. It therefore decided to run a project with the following aims:

- To discover what prior training care home staff had received in delirium awareness and how confident they felt preventing and managing delirium
- To deliver Delirium Awareness sessions with the intention of improving staff awareness and confidence in delivering delirium care for residents including people affected by dementia
- To evaluate the immediate impact of these sessions

## METHOD

### Training programme and its delivery

The training provided to care home staff was designed to raise awareness of delirium as an acute medical episode, and to encourage staff to incorporate the use of the term into their daily language. The content of the presentation was designed to be accessible for care home staff who lacked prior knowledge about delirium. Its content was guided by experts in old age psychiatry. A co-production approach was taken: some staff reported that they were unaware that delirium was a medical issue and did not recognise how it manifested in residents. Others noted that delirium was not commonly coded in residents' medical records, hence staff often did not realise that this was something to be aware of.

The training was delivered by the authors to care home staff. This was delivered by a presentation which covered what delirium was and how to manage it using the PINCH ME (**P**ain, **I**nfection, **N**utrition, **C**onstipation, **H**ydration, **M**edication and **E**nvironment) checklist which provides a structure for a person centred approach for the prevention and treatment of delirium. Staff were made aware that delirium involves an acute and sudden onset of confusion, whereas the changes brought about in a person due to dementia happen more gradually. Discussion sessions allowed staff to share past experiences of working with residents who had exhibited symptoms of delirium (residents' names were withheld for confidentiality). Sessions lasted for 90 minutes.

Seven training sessions were delivered to staff (n=56) from four care homes specialising in dementia care in Derbyshire who accepted an invitation. Two care homes were privately owned and two were owned by the local authority.

### Evaluation

A pre-test and post-test questionnaire was administered for all staff who received training. The questionnaires asked staff:

- How long they had been working in the care homes (initial questionnaire only)
- If they had received any training on identifying and managing delirium in residents (initial questionnaire only)
- How confident they were in identifying and managing delirium in residents

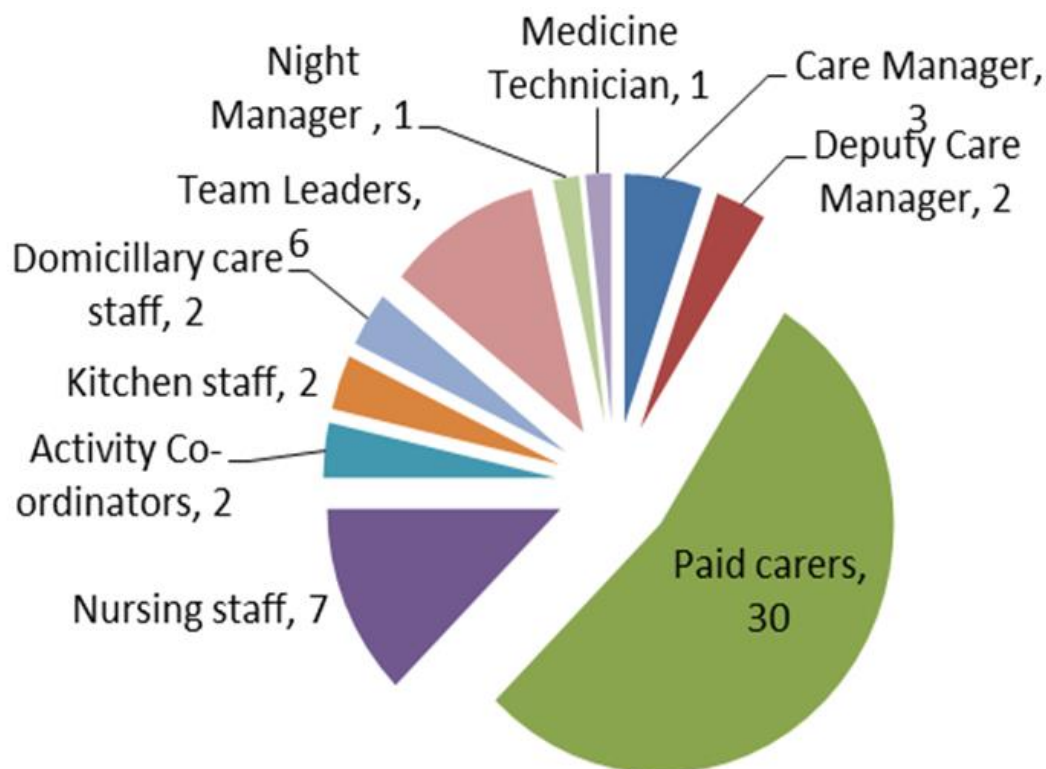
One month after the training session, participating staff were sent a further questionnaire asking:

- How confident they were in identifying and managing delirium in residents
- Have you used the information in your day to day job?
- Would you like the opportunity to access further delirium training?
- Did you implement one or more changes to your practice?

Informal feedback was sought and collated.

## RESULTS

Figure 1 gives a breakdown of the different roles of the members of staff who participated in the training.



**Figure 1: Breakdown of staff working across the four care homes**

Of the 56 staff:

- 3 staff had less than one years' service
- 19 staff had 1-5 years' service
- 13 staff had 6-10 years' service

- 7 staff had 11-15 years' service
- 14 staff had more than 16 years' service

### **Pre-session responses**

48/56 (86%) staff with a minimum of one years' experience working in care homes reported they had received no delirium awareness training, including 18 staff (32%) with more than 10 years' experience. Only five staff (9%) reported having had any delirium awareness training.

25 (45%) staff reported not feeling confident in recognising the symptoms of delirium, and only three (5%) reported feeling very confident in recognising its symptoms. 22 (39%) were not confident supporting a resident with delirium, and only seven (13%) expressed that they were very confident in supporting a resident experiencing delirium.

### **Post-training responses**

All staff completed the same questionnaire immediately after the same training session. 46 (82%) reported feeling very confident in recognising the symptoms of delirium, 10 (18%) reported feeling fairly confident and no members of staff reported not feeling confident in recognising the symptoms. 42 (75%) reported feeling very confident in supporting a resident experiencing delirium, 14 (25%) reported feeling fairly confident and no members of staff reported not feeling confident in supporting a resident experiencing delirium.

### **One month post training responses**

32 staff (57%) returned the questionnaire at one month. All 32 respondents reported that they had used the information they learned in the training in their day to day job. 31 (97%) reported that they would like the opportunity to access further delirium training and all 32 reported that they had implemented one change as a result of the training in the four weeks since the training.

30 out of the 32 (94%) respondents said they still felt very or fairly confident in recognising delirium in one of their residents, with the remaining 2 respondents (6%) reporting they were not at all confident in recognising it at all. All 32 respondents (100%) said they still felt very or fairly confident in supporting a resident who was experiencing an episode of delirium.

## Informal feedback

Several staff provided positive feedback of the training they received:

“I will review resident’s symptoms and monitor rather than assume” – A nurse

“I will not assume a person’s dementia has accelerated. It may be delirium” – A carer

“I will share the information that I have gained from this session with other staff” – A team leader

“I have recognised hyper/hypo delirium in several residents. These patients can now be discussed by the team and plans made to improve/focus care” – A nurse

“I feel more confident in accepting and caring for someone with delirium” – Unit manager

## DISCUSSION

This project demonstrated that delirium awareness training can be given, by the charitable sector, to a wide range of staff members working in care homes. The impact in terms of immediate reported knowledge and confidence was encouraging, and the later feedback indicated that the effects of the training may have translated into everyday practice.

This project did not study if care practices actually changed, or whether residents’ experiences or those of their loved ones changed, as a result of the training. It is acknowledged that those homes that volunteered to be involved in this project may not be representative of all homes nor necessarily those most in need of the training. Nevertheless, the findings are sufficient to justify wider delivery of the training and an evaluation of its impact. More knowledgeable staff might learn how to prevent delirium and manage it better, which could produce health benefits to the residents and lead to a reduction in health care resource use.

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## Competing Interests

None of the authors have any conflicts of interest.

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